## DEPARTMENT OF GENERAL SERVICES BARGAINING UNIT 15 POST AND BID REASSIGNMENT/TRANSFER REQUEST FORM

CURRENT CLASSIFICATION:  EMPLOYEE NAME: (PLEASE PRINT)  PRESENT WORK LOCATION (ADDRESS/CITY/ZIP CODE)  3082011-  OFFICE/BRANCH NAME  WORK TELEPHONE NUMBER	EMPLOYEE NAME
(PLEASE PRINT)  PRESENT WORK LOCATION  WORK TELEPHONE NUMBER	
	(PLEASE PRINT
(ADDRESS/CITY/ZIP CODE)	
_	(ADDRESS/CITY/ZIP CODE
PRESENT WORK WEEK START START END PRESENT SHIFT HOURS SHIFT BEGINS SHIFT ENDS	PRESENT WORK WEEK START
AND END DAYS ARE: TO BEGIN AND END: TO	AND END DAYS ARE:
SUPERVISOR'S TELEPHONE NUMBER	
CURRENT SUPERVISOR IS: ( ) -	CURRENT SUPERVISOR IS

Pursuant to the provisions of the July 02, 2013 through July 01, 2016 SEIU/LOCAL 1000 UNIT 15 MOU, I hereby request that I be considered for the vacant position as referenced below.

RPA Number:	Post & Bid File By Date on JOB:		City Location of Position		Position Number:					
11978-FMD	9/1/16		Sacramento		308-063-2011-931					
Working Days of Position		Working Hours of Position:		Classification:						
Monday through Friday		11:00 AM to 7:30 PM		CUSTODIAN						
I certify that I am currently a <b>full-time permanent</b> employee having successfully passed my probationary period in the classification above with the Department of General Services.										
I understand that the bidder with the most continuous permanent full-time statewide seniority in the class (regardless of department) will be offered the position. If I am the most senior bidder and am offered the position, I have a maximum of three (3) work days to accept or reject the job offer unless a longer period is agreed to by the hiring supervisor.										

DATE

This bid form must be submitted to **Cadie Marotta**, OMB III at Facilities Management Division Region III – Suburban Unit, 4949 Broadway, Room 119, Sacramento, CA 95820 and received by 9/1/16, which is the Post & Bid File By date.

Hiring Office: Please forward all bid forms Rebecca Moran **after** the Post & Bid File By date for seniority calculations.

FOR PERSONNEL USE ONLY									
TENURE/TIME	E BASE		APPOINTMENT DATE		SENIORITY (MONTHS)				
SSN			SENIORITY VERIFIED BY:		DATE VERIFIED:				

OHR-R15L (REV 07-02-13)

**EMPLOYEE SIGNATURE**